

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10719074

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		2				
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	16					
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						